

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013761

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 57

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY

Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)

Marshall

Length of stay in 1b

28 years

c. FULL NAME OF (If NOT in hospital, give location)

Fitzgibbon hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Saline

c. CITY

OR TOWN Marshall

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

309 East Vest

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Yolande

Middle

Hoffman

Last

Lower

4. DATE OF DEATH

Month

March

Day

15th

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

II-I-1880

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Supervisor

10b. KIND OF BUSINESS OR INDUSTRY

State Hospital

11. BIRTHPLACE (City and state or country)

Longwood, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Hoffman

13b. MOTHER'S MAIDEN NAME

Sarah Lavinia Martin

14. NAME OF HUSBAND OR WIFE

William Lee Lower

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, go, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

309 East Vest

Mrs Howard Lile, Marshall, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral neuron haze
Essential hypertension

INTERVAL BETWEEN ONSET AND DEATH

6 weeks
Years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a)

Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[REDACTED]

20f. CITY, TOWN, OR LOCATION

[REDACTED]

COUNTY

[REDACTED]

STATE

[REDACTED]

21. I attended the deceased from

Mar. 10, 1962, to Mar. 15, 1962

Death occurred at 9-50 P.M.

and last saw her alive on Mar. 15, 1962

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. A. McBurney

(Degree or title)

[REDACTED]

22b. ADDRESS

[REDACTED]

22c. DATE SIGNED

3/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-18-1962

23c. NAME OF CEMETERY OR CREMATORY

Longwood cemetery

23d. LOCATION (City, town, or county)

Longwood, Missouri

24. FUNERAL DIRECTOR

Campbell-Lewis, Marshall, Mo.

ADDRESS

[REDACTED]

25. DATE RECD. BY LOCAL REG.

3-17-62

26. REGISTRAR'S SIGNATURE

Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

VS 300
Rev. 4/59

10976

20976

3

4 1

5 2

6

7 0

8 2

9331X

10

11

12 1-0

13 3-0

APR 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R.W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.